

AS FILED				AFTER RE-APPOINTMENT				AFTER			
NO.	DEP.	IND.	DEP.	NO.	DEP.	IND.	DEP.	NO.	DEP.	IND.	DEP.
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TOTAL DEP.				TOTAL IND.				TOTAL DEP.			
TOTAL				TOTAL				TOTAL			
NO. OF CLAIMS				NO. OF CLAIMS				NO. OF CLAIMS			

ULTIMATE DEPENDENT
THE CALIBRATION SHEET
JOB USE WITH FORM PTO-875)

CLAIMS